Figure 1. Management of asymptomatic refugees for parasitic infection if they received no pre-departure treatment as of March 1, 2013

Refugees from Asia and Middle East
1. Presumptive albendazole OR stool ova and parasites examination x 2 or more
2. CBC with differential
3. Presumptive treatment OR screen and treat for strongyloidiasis

Refugees from *Loa loa*-endemic areas of Africa
1. Presumptive albendazole OR stool ova and parasites examination x 2 or more
2. CBC with differential
3. Screen for strongyloidiasis and treat if no contraindications
4. Presumptive treatment OR screen for schistosomiasis

Refugees from non-*Loa loa* endemic areas of Africa
1. Presumptive albendazole OR stool ova and parasites examination x 2 or more
2. CBC with differential
3. Presumptive treatment OR screen and treat for strongyloidiasis
4. Presumptive treatment OR screen for schistosomiasis

Treat positive pathogenic parasites detected

Eosinophilia?

Yes
Re-check total eosinophil count in 3-6 months

Further evaluation only if symptomatic

Eosinophilia?

Yes
Further evaluation of etiology of eosinophilia

No
Further evaluation only if symptomatic

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1Sensitivity varies according to parasite (e.g., very sensitive for *Ascaris* but may need 7 specimens to reliably exclude *Strongyloides*) and minimum of two specimens are suggested.
2CBC: Complete blood count and differential (not recommended as screening test for parasitic infection but routinely obtained on screening for newly arrived refugees).
3See text for discussion of screening for *Loa loa*
4See DPDx Laboratory Identification of Parasites of Public Health Concern. Diagnostic and management assistance may be obtained by contacting Division of Parasitic Diseases at CDC.
5Eosinophilia = a eosinophil count of >400 per microliter (μL)